STANDARD OPERATING PROCEDURE TEMPLATE · PRE-ANALYTIC: ORDERING, COLLECTION AND SPECIMEN HANDLING

Capillary Blood Collection (Fingerstick and Heelstick)

Governing requirement: 42 CFR 493.1242(a)

Applies to: ☑ Waived ☑ Moderate complexity ☑ High complexity

Laboratory name		**CLIA number**	
Document number		**Version**	
Effective date		**Next review due**	
Author		**Department / section**	
Approved by (laboratory director)		**Director signature**	
Approval date		**Supersedes document**	

Important: Template only. Before use, this document must be reviewed, adapted to your laboratory's instruments, test systems and the manufacturer's instructions, and approved, signed and dated by the laboratory director. Check current federal, state and accreditation requirements. Not legal advice. Sound Lab Consultants is not affiliated with or endorsed by CMS, CDC, FDA, OSHA, CAP, COLA, The Joint Commission, CLSI or any manufacturer.

1. Purpose

To collect capillary blood specimens correctly for point-of-care and laboratory testing.

2. Scope

Fingersticks (adults and children over **[Age]**) and heelsticks (infants).

Age	

3. Responsibility

- Collectors (phlebotomists, nurses, medical assistants): follow this procedure and document collection.
- Specimen processing / accessioning staff: check acceptability and document problems.
- Supervisor: trains staff, monitors pre-analytic errors and reviews rejection logs.
- Laboratory director: approves the procedure and acceptance criteria.

4. Definitions

Microcollection container: Small tube for capillary samples.

5. Materials, equipment and records

- Safety lancets **[Lancet depth by age]**

Lancet depth by age	

- Alcohol pads, gauze
- Microcollection tubes / test cartridges
- Warming device (optional)

6. Procedure

1. Identify the patient with two identifiers.

2. Select site: palmar surface of the middle or ring finger (not thumb or index); for infants, the medial or lateral plantar surface of the heel.

3. Warm the site if needed.

4. Clean with alcohol and let dry completely.

5. Puncture perpendicular to fingerprint lines.

6. Wipe away the first drop unless the test manufacturer says otherwise.

7. Collect drops without excessive squeezing; fill EDTA tubes first, then other additives, then serum.

8. Cap, mix and label immediately.

9. Apply pressure and bandage (no bandage on infants).

7. Quality control

• Follow the laboratory's QC policy and the manufacturer's instructions; record QC before reporting patient results.

• Stop patient testing and take corrective action when QC or acceptance criteria are not met.

8. Interpretation, reporting and documentation

• Note capillary source on the requisition when results differ from venous reference ranges.

9. Limitations and cautions

• Squeezing can cause hemolysis and dilution with tissue fluid.

• This is a generic template. Adapt it to your instruments, test systems, manufacturer instructions, state law and accreditation standards before use.

10. References

• eCFR, 42 CFR Part 493 Laboratory Requirements (CLIA)
https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-493

• CMS, State Operations Manual Appendix C: Survey procedures and interpretive guidelines for laboratories
https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/som107ap_c_lab.pdf

• CLSI guidelines relevant to this procedure (referenced by name only; obtain current editions from CLSI)

• eCFR, 42 CFR 493.1242 https://www.ecfr.gov/current/title-42/section-493.1242

11. Lab-specific notes

Notes and local requirements	

12. Revision history

Version	Date	Description of change	Author	Approved by

13. Annual review log

Procedures and changes must be approved, signed and dated by the current laboratory director before use (42 CFR 493.1251(d)).

Review date	Reviewed by	Signature	Changes needed (Y/N)	Comments

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